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### Form **990-EZ**

Department of the Treasury Internal Revenue Service

# **Short Form**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

**Open to Public** Inspection

A	For the	2008 calendar year	, or tax year beginning	October 1	, 2008, and en	ding Septemb	oer 3	0 ,2009		
<b>В</b> □	Address o	Check if applicable: Please use IRS label or Kiwanis International K00040 Erie  C Name of organization 200709 040090026 29IC use IRS label or Silvanis International K00040 Erie  D Employer Identity 165						entification number 54393		
		Number and street (or P.O. box, if mail is not delivered to street address)  Number and street (or P.O. box, if mail is not delivered to street address)  Number and street (or P.O. box, if mail is not delivered to street address)  P. O. Box 3715					•	hone number 14) 868-4406		
	Amended return  Specific City or town, state or country, and ZIP + 4 Instruction City or town, State or Country, and ZIP + 4 Instruction City or town, State or Country, and ZIP + 4 Instruction City or town, State or Country, and ZIP + 4 Instruction City or town, State or Country, and ZIP + 4 Instruction City or town, State or Country, and ZIP + 4 Instruction City or town, State or Country, and ZIP + 4 Instruction City or town, State or Country, and ZIP + 4 Instruction City or town, State or Country, and ZIP + 4 Instruction City or town, State or Country, and ZIP + 4 Instruction City or town, State or Country, and ZIP + 4 Instruction City or town, State or Country, and ZIP + 4 Instruction City or town, State or Country, and ZIP + 4 Instruction City or Country, State or Country, and ZIP + 4 Instruction City or Country, State or Co					up Exem	. 0006			
	Section		ations and 4947(a)(1) non mpleted Schedule A (Form		usts must attach	G Accounting of Other (specific		nod: 🔼 Cash 🗌 Accrual		
	H Check ▶ □					ttach Sci	f the organization is <b>not</b> th Schedule B (Form 990,			
J	J Organization type (check only one)— 501(c) (4) ◀ (Insert no.) 4947(a)(1) or 527 990-EZ, or 99						90-PF).			
	not requ	ired, but if the organi	on is not a section 509(a)(3) ization chooses to file a ret	um, be sure to file a c	omplete retum.			han \$25,000. A retum is		
_			ne 9 to determine gross rece							
L	Part I	Revenue, Expe	enses, and Changes	in Net Assets or	Fund Balances	(See the instru				
	1		s, grants, and similar amo				1	2,500.00		
	2	_	revenue including gover	nment fees and co	ntracts		2 3	21,945.71		
	3	•	s and assessments .			· · · · ·	4	21,943.71		
	4	Investment incom								
)	5a		om sale of assets other	•	5b		$\dashv$	I		
5	b		er basis and sales expe sale of assets other than			attach schedule)	5c			
, e	6		ivities (complete applicable part				.			
ות אי Revenue	a	•		of cont	ributions					
۾ ح	· •	Gross revenue (no reported on line 1		?	<b>6a</b>   2	6,897.02	1 1			
MAN MAN	' h		nses other than fundrais	sing expenses	<b>6b</b> 1	0,714.75				
_	C		ess) from special events				. 6c	16,182.27		
2	7a		ventory, less returns and		7a					
Z	ь	Less: cost of goo			7b					
Z	С			ss) from sales of inventory (Subtract line 7b from line 7a)			. 7c	278.47		
SCANNED	8	Other revenue (de	describe >			) 8	40,906.45			
<u>_</u>	9_		dd lines 1, 2, 3, 4, 5c, 6			<u> </u>	9			
	10	Grants and simila	ar amounts paid (attach	schedule)	RECEIVE	D	10	17,239.75		
	11	Benefits paid to d				<del></del>	11 12	1,200.00		
9.0	12		ompensation, and emplo			:	13			
Expenses	13		and other payments to		actors B. I. 7. 2.[	10 · S	14	· · · · · · · · · · · · · · · · · · ·		
EXC	14	• •	utilities, and maintenan	(*	· b ·		15	908.51		
_	15	Other expenses (	ions, postage, and shipi	Dues, Meal	e etc		16	23,229.62		
	17		Add lines 10 through 10	6	S, e.c.		, <del></del>	42,577.88		
	<del>                                     </del>		t) for the year (Subtract				18	(1,671.43)		
Net Assets	19							05 450 40		
Ası	{  'S			ances at beginning of year (from line 27, column (A)) (must agreed on prior year's return)				25,473.42		
<u> </u>	20		net assets or fund bala							
_			nd balances at end of ye					23,801.99		
Ŀ	Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.									
	(See the instructions for Part II.)  (A) Beginning of 25, 473.						(B) End of year 2 23,801.99			
2	za Cash, savings, and investments				=	<del></del>				
	23 Land and buildings									
			· <b>-</b>				2			
							2			
	6 Tota 7 Net	al liabilities (describ	be ► alances (line 27 of colum	mn (R) must saree	with line 21)	25.473	<del></del>			
			ork Reduction Act Notice,			Cat. No 10642		Form <b>990-EZ</b> (2008		

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)						Expenses
Wh	(Req	uired for 501(c)(3) (4) organizations				
Des	hat is the organization's primary exempt purpose? $\underline{C}$ scribe what was achieved in carrying out the organiza	and	4947(a)(1) trusts;			
des	scribe the services provided, the number of persons ber	nefited, or other relevant info	rmation for each p	rogram title.	optio	onal for others.)
28						
	STATEMEN	T 3				
	(Grants \$ /7 239. 75 ) If this amount inclu	udes foreign grants, check	<u>here</u>	<u>, ▶ ⊔</u>	28a	17, 239.75
29						
	(Grants \$ ) If this amount inclu				29a	
30						
	(Grants \$ ) If this amount inclu		here		30a	
31	Other program services (attach schedule)				-	
	(Grants \$ ) If this amount inclu	udes foreign grants, check	here	. ▶ □	31a	
32	Total program service expenses (add lines 28a th				32	17239.75
Pa	art IV List of Officers, Directors, Trustees, and Key I	<b>Employees.</b> List each one eve	n if not compensate			ons for Part IV.)
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0)	(d) Contribution employee benefit deferred comper	plans &	(e) Expense account and other allowances
					-	
	STATEMENT 1					
_						
				· · · · · · · · · · · · · · · · · · ·		<u> </u>
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Pa	Other Information (Note the statement requirements in the instructions for Part VI.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		х
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		Х
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		Х
	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0  Did the organization file Form 1120-POL for this year?	37b		x_
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		х
	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	-		
39	Section 501(c)(7) organizations. Enter: Intration fees and capital contributions included on line 9			
	initiation lees and capital contributions included on line 5	-		
	Gross receipts, included on line 9, for public use of club facilities	1		
	section 4911 ▶ , section 4912 ▶ ; section 4955 ▶		~	
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule			
	L, Part I	40b		X
. <b>c</b>	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.			
d	Enter amount of tax on line 40c reimbursed by the organization	1		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		Х
41	List the states with which a copy of this return is filed. ▶			
42a	The books are in care of ► Clarence J. Swahn, Jr. Telephone no. ► (814 Located at ► 3935 Myrtle St., Erie, PA ZIP + 4 ► 165	) 868 08-	3.4 301	406 5
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Vac	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	42b	163	X
	account)?	420		╁
	If "Yes," enter the name of the foreign country: ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.	j		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
•	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year		<del></del>	
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	}	_	-X
	Form 990-EZ	44	ļ	<u> </u>
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		x -
		om <b>99</b>	0-EZ	(2008

Par		ection 501(c)(3) organizations only d complete the tables for lines 50 ar		(c)(3) organiz	zations mus	st answer quest	ions 40	6–49	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I							Yes	No
							48		
	is the organization operating a solitor as described in section 17 o(s)(1)(1) in 1700, complete solitodale 2								
	b If "Yes," was the related organization(s) a section 527 organization?								
50	Complete	this table for the five highest compensatived more than \$100,000 of compensative	ted employees (of	her than office	ers, directors	s, trustees and key	49b y emplo	oyees)	) who
	(a) Name	and address of each employee paid more than \$100,000	(b) Title and aver hours per wee devoted to posi	k   ' '	Compensation	(d) Contributions to employee benefit plans & deferred compensation	acc	Expensount an	nd
		NONE						<del></del>	
			· <u>·</u>		<del> </del>				
							<del></del>		·
			· · · · · · · · · · · · · · · · · · ·						
Total	number o	fother employees paid over \$100,000							
		this table for the five highest compensation from the organization. If there is no		contractors wh	no each rece	eived more than \$	100,000	of	
	(a) N	lame and address of each independent contractor p	oaid more than \$100,00	0	<b>(b)</b> Typ	pe of service	(c) Con	npensa	tion
		NONE						······································	
						<del></del>			
Total	number	of other independent contractors each re	conung over \$100	000					
TOTAL		of other independent contractors each red der penalties of penury, I declare that I have examin			schedules and	statements, and to the	best of m	ıv knov	wledge.
۵.	an	d belief, it is true correct, and complete beclaration	on of preparer (other th	an officer) is bas	sed on all inform	nation of which prepare 2/11/2	er has an	y knov	riedge.
Sign Here		Signature of officer  Clarence j. Swahn	7 m			Date 2/11/2	010		
		Clarence j. Swahn Type or print name and title.	,Jr., Trea	surer					
Paid Prepa	rer's sig	parer's nature		Date	Check if self- employed >	Preparer's Identifying	Number (	See instr	uctions)
Use C	Only is	n's name (or yours elf-employed), dress, and ZiP + 4				IN ► :			
May	the IRS di	scuss this return with the preparer show	n above? See ins	tructions .			☐ <b>Y</b>	es	No (2008)

#### Kiwanis Club of Erie 25-1654393

## OFFICERS & DIRECTORS Statement 1

A	В	С	D	_ E
Name & Address	Title Avg Hrs per Wk		Contribution to Emp. Ben Plans & Def Comp	Expense Account of Other Allowances
Jerry Fagley 3537 Wesr 12th street Erie, PA 16505	President	\$0.00	\$0 00	\$0.00
Lynne S. P. Poyer 327 Connecticut Dr Erie, PA 16505	President Elect 2	\$0.00	\$0.00	\$0 00
Tom Kalkhof 2103 East 33rd Street Erie,PA 16510	Vice President 3	\$0 00	\$0 00	\$0 00
Marilee Carter 2323 Santa Maria Dr. Erie, PA 16506	Secretary 5	\$600.00	\$0.00	\$0 00
Clarence Swahn, Jr 3935 Myrtle Street Erie, PA 16508	Treasurer 5	\$600.00	\$0.00	\$0 00
David Szymanski 13821 Route 8 Wattsburg, PA 16442	Imm. Past Pres 4	<b>\$</b> 0 00	\$0.00	\$0.00
Denise Kolivoski 1611 Peach St. Ste.10 Erie,PA 16501	Director 5 1	<b>\$</b> 0 <b>0</b> 0	\$0.00	\$0 00
Donna Perino 925 West 6th Street Erie, PA 16507	Director 1	\$0.00	\$0 00	\$0 00
Sam Perino 925 West 6th Street Erie, PA 16507	Director 1	\$0 00	\$0 00	\$0 00
William S. Sapone 5703 Langmore Lane Erie, PA 16505	Director 1	\$0 00	\$0 00	\$0.00
Richard Giacomelli 3015 Springland Tr Erie, PA 16506	Director 1	\$0.00	<b>\$0</b> 00	\$0 00
Cynthia Taylor 1052 Grace Street Erie, PA 16505	Director 1	\$0.00	\$0.00	\$0.00
Susan Musolff 2905 Hershey Road Erie, PA 16506	Director 1	\$0.00	<b>\$0</b> 00	\$0 00

#### Kiwanis Club of Erie 25-1654393

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#### Special Events Statement 2

Gross Income		Direct Expense	Net Income		
Gumball	\$998 07	\$0 00	\$998.07		
Peanut Day	\$3,506 66	\$1,200.00	\$2,306.66		
Golf Tournament	\$9,350 00	\$6,603.00	\$2,747 00		
Rose Sale	\$3,323.00	\$2,445.00	\$878 00		
Diner's Card	\$6,197.29	\$466 75	\$5,730 54		
Racing for Kids	\$3,500.00	\$0.00	\$3,500.00		
Other	\$22.00	\$0 00	\$22.00		
Total	\$26,897 02	\$10,714 75	\$16,182.27		

### Kiwanis Club of Erie 25-1654393

### **Grants & Similar Amounts Paid Statement 3**

Community Shelter Services	\$2,500.00
Camp Cadet	\$1,500 00
Aktion Club	\$100.00
Mercyhurst Circle K	\$1,200.00
Cathedral Prep K Club	\$100.00
K Kids	\$300.00
New K Kids	\$150.00
New Builders Club	\$460 00
Auto Racing for Kids	\$150 00
Achievement Center	\$100.00
Student Recognition Day	\$1,229 75
Youth Guidance	\$1,000 00
Spoon's Basketball League	\$200 00
Pa District Foundation	\$500.00
K International Foundation	\$500 00
Emmaus Soup Kitchen	\$250 00
United Way	\$250.00
Perry Square Alliance	\$5,000.00
Wellsville Project	\$500 00
Shriner's Hospital	\$500.00
NANI of Erie County	\$500 00
Aiden Morrow	\$250.00

Total \$17,239.75